## Colorado WIC Program Participant Record Review Level I Certification Participant Record Review

## **DIRECTIONS:**

The supervisor	(or other	designated	personnel)	is to	evaluate	at least	one	certification	or i	recertification	visit of	each	of the	following
classes of partic	ipants end	countered by	the trainee	<b>:</b> :										

- 1. Pregnant Woman
- 2. Infant
- 3. Child

Each certification or recertification is reviewed against the established criteria as specified in the *Participant Record Review* checklist. Place a check ( $\sqrt{}$ ) in the "PASS" column if the criteria are met, a check ( $\sqrt{}$ ) in the "FAIL" column if they are partially or not met, and a check ( $\sqrt{}$ ) in the "N/A" (NOT APPLICABLE) column if the question does not apply to the participant's chart. Place pertinent notations in the COMMENTS section.

SCORING: Add up the total number of questions applicable for this particular trainee. In other words, do not include any items marked N/A. This is the total number of points or applicable responses. Then subtract the number of "FAILS" received to find the number of correct responses to the applicable questions. Now divide the correct responses by the total number of points possible and multiply by 100. This is the score in percentage terms.

The trainee must score 90 percent or better for a passing grade. The supervisor will review the completed Chart Audit with the trainee. The completed Chart Audit remains in the supervisor's possession.

NAME OF STUDENT	SCORE	
Signature of Supervisor or Reviewer	DATE	

Family / Participant ID #								<u> </u>			
P=	Pregnant, I=Infant, C=Child	P		С	P		С	P		С	
	tegory	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	Comments
	Family/Intake										
	Additional Endorser or proxy captured is appropriate. Appropriate ID noted on Comments/Alerts under each participants record.										
2.	Preferred spoken language captured on Family Panel if other than English, needs interpreter marked if appropriate.										
3.	Printouts language captured on Family Panel		<u>                                       </u>								
4.	Referred to by WIC completed at initial certification visit										
5.	Appropriate proof of identity recorded per policy										
6.	Health Care Provider information recorded on Identity panel										
7.	If participant is not physically present for appointment, appropriate reason given from drop down and all policies followed										
8.	Contact/Address information recorded		<u> </u>								
9.	Proof of residency recorded per policy		<u> </u>								
10.	Proof of income recorded per policy		l								
11.	Proper use of Affidavit for No Proof of income										
12.	Adjunctive eligibility correctly documented										
13.	13. Voter Registration panel completed		<u> </u>								
					TOTAL:			TOTAL:			Grand TOTAL:

P=	Pregnant, I=Infant, C=Child	P	/ I /	С	P	/ I /	С	P	/ I /	С	
Ca	tegory	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	Comments
В.	Assessment										
1.	Women For pregnant women, pregnancy panel is completed appropriately (pre-pregnancy weight recorded, EDD updated, etc.)										
2.	Height and weight recorded at certification/recertification visits										
3.	Prenatal weight taken at least once per trimester										
4.	Weight gain risk factors assigned appropriately if applicable (NRF 131, 133)										
5.	Hemoglobin test done (if required)										
<ol> <li>7.</li> </ol>	<ul> <li>Completed a thorough Nutrition Interview</li> <li>a. Bolded questions are answered for data reporting certification and recertification</li> <li>b. Radio buttons have been completed</li> <li>c. Sufficient information is captured in the Note boxes to explain associated risk factors</li> <li>All appropriate risk factors have been</li> </ul>										
/.	assigned on the Risk panel based on weight gain, blood work and the Nutrition Interview										
					TOTAL:			TOTAL:			Grand TOTAL:

P=Pregnant, I=Infant, C=Child	P	/ I /	С	P	/ I /	С	P	/ I /	С	
Category	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	Comments
Assessment Continued										
Infant/Child  1. Anthropometric measurements are entered for child/infant at certification, recertification and mid-certification visits.										
Birth weight and length correctly recorded (or "unknown" checked for infants and children under age 2)										
Explains reason for "other" if selected as reason for inaccurate growth measurement.										
4. Growth/weight gain risk is appropriately assigned if applicable (NRF 135)										
5. Hemoglobin test is done (if required)										
<ul> <li>6. Completed a thorough Nutrition Interview         <ul> <li>a. Bolded questions are answered for data reporting certification and recertification</li> <li>b. Radio buttons have been completed</li> <li>c. Sufficient information is captured in the Note boxes to explain associated risk factors</li> </ul> </li> </ul>										
7. All appropriate risk factors have been assigned on the Risk panel based on weight gain, blood work and Nutrition Interview										
	TOTAL:			TOTAL:			TOTAL:			Grand TOTAL:
P=Pregnant, I=Infant, C=Child	P	/ I /	С	P	/ I /	С	P	/ I /	С	
Category	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	Comments
C. Certification/Termination										
Signature was collected for certification     a. If signature not completed, the     General Signature document is     completed and scanned into Compass							TOTAL:			
	TOTAL:			TOTAL:	TOTAL:					Grand TOTAL:

P=Pregnant, I=Infant, C=Child	P / I / C			P	/ I /	С	P	/ I /	С	
Category	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	Comments
D. Education and Care Initial Contact (Cert/Recert), Nutrition Education & Care Plan panel.										
Nutrition Education Panel completed to record required nutrition education contact.										
2. Participant comments/concerns recorded in the care plan.										
Assessment is accurate/appropriate     Addressed weight gain/growth/blood     Stage of Change     Addresses environmental factors										
Adequate documentation is provided in care plan to support assignment of nutrition practice NRFs										
<ul> <li>5. Counseling:</li> <li>a. Related to NRFs and/or participant's concerns</li> <li>b. Focused on 1-2 issues to top priority</li> </ul>										
6. Pamphlets provided are appropriate and related to counseling topics										
7. Behavior change goal/s: a. Appropriate b. Specific										
8. High risk referred/scheduled with the RD/RN at the appointment the High Risk NRF was identified										
	TOTAL:			TOTAL:			TOTAL:			Grand TOTAL:

P=Pregnant, I=Infant, C=Child	P	P / I / C			/ I /	С	P	/ I /	С	
Category	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	Comments
<b>Education and Care Continued</b>										
Subsequent Contact:										
Nutrition Education Panel completed to record required nutrition education contact.										
Participant comments/concerns recorded in the care plan.										
3. Follow-up on previous goals/referrals.										
4. Assessment accurate/appropriate if applicable a. Addresses weight gain/growth/blood b. Stage of change c. Addresses environment										
5. Adequate documentation is provided in the care plan to support assignment of additional risk factors										
<ul> <li>6. Counseling:</li> <li>a. Related to NRFs and/or participant's concerns</li> <li>b. Focused on 1-2 issues of top priority</li> </ul>										
7. Pamphlets provided are appropriate and relate to counseling topics										
8. Behavior change goal/s: a. Appropriate b. Specific										
<ol> <li>Referrals are appropriate and relate to participant concerns and/or counseling topics.</li> </ol>										
10. High risk participants are referred/scheduled with the RD/RN at the appointment with High Risk NRF identified										
	TOTAL:			TOTAL:			TOTAL:			Grand TOTAL:

P=Pregnant, I=Infant, C=Child	P	, ,			P / I / C			/ I /	С	
Category	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	Comments
Education and Care Continued										
Mid-Certification Visit:										
1. Completed at 5-7 months										
2. Anthropometrics information recorded										
<ul> <li>Completed a thorough Nutrition Interview</li> <li>a. Bolded questions are answered for data reporting certification and recertification</li> <li>b. Radio buttons have been completed</li> </ul>										
4. Participant comments/concerns recorded in the care plan.										
5. Adequate documentation is provided in care plan to support assignment of nutrition practice NRFs										
<ul><li>6. Counseling:</li><li>a. Bolded questions are answered for data reporting</li><li>b. Radio buttons have been completed</li></ul>										
7. Pamphlets provided are appropriate and relate to counseling topics										
<ul><li>8. Behavior change goal/s:</li><li>a. Appropriate</li><li>b. Specific</li></ul>										
<ol> <li>Referrals are appropriate and relate to participant concerns and/or counseling topics.</li> </ol>										
10. High risk participants are referred/scheduled with the RD/RN at the appointment with High Risk NRF identified										
				TOTAL:			TOTAL:			Grand TOTAL:

P=I	Pregnant, I=Infant, C=Child	P	, ,			/ I /	С	P	/ I /	С	
Ca	tegory	Pass	Fail	N/A	Pass	Fail	N/A	Pass	Fail	N/A	Comments
E.	Food Issuance and Scheduling Foods										
1.	Assigns/tailors food package to meet the										
	participant's needs										
2.	For Special Diets:  a. Physician Authorization Form is complete and contains RD/RN										
	signature and the PAF has been										
	scanned into Compass b. Documentation link is complete and										
	appropriate										
3.	Correct number of checks are issued:  a. Up to 3 months checks for low risk										
	participants										
	b. 1 month for high risk participants (except children with NRF 113 may be										
	issued 3 months)										
4.	Signature collected for food benefits										
	a. If signature was not captured on										
	signature pad, the General Signature Document was completed and										
	scanned into Compass										
	b. If checks were mailed, a signature was										
	obtained for receipt of checks and the document containing the signature										
	was scanned into Compass										
		TOTAL:			TOTAL:			TOTAL:			Grand TOTAL:
		P	/ * /	<u> </u>	P	/ T /	<u> </u>	P	/ T /	<u> </u>	
	P=Pregnant, I=Infant, C=Child  Category		/ I / Fail	C N/A	P Pass	/ I / Fail	C N/A	P Pass	/ I / Fail	C N/A	Comments
F.	Scheduler	Pass	ran	IV/A	F 435	ran	IV/A	F 455	ran	IV/A	Comments
1.											
	appointment according to the type of										

TOTAL:

TOTAL:

Additional Comments:

instruments.

appointment needed, length of time and date to prevent proration of food

TOTAL:

**Grand TOTAL:**